

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD 262-A (REV. 6/92)

See Instructions and *Privacy
Statement On Reverse Side

PAGE 1 OF 1 PAGES

CLAIMANT'S NAME Donald Koch		ISSN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT DEPARTMENT OF FISH AND GAME	
POSITION Director	CBAD NUMBER EX	DIVISION OR BUREAU Executive		INDEX NUMBER 7100	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1416 9th Street		TELEPHONE NUMBER 916.653.7667	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(2) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(1a) DATE	(1b) TIME			(5a) BREAK-FAST	(5b) LUNCH	(5c) O.T., L.T., N.C. RELG. OR DINNER		(7a) COST OF TRANS.	(7b) TYPE USED	(7c) CARFARE Tolls, Parking	(7d) PRIVATE CAR USE MILEAGE AMOUNT		
7-9	10:30	Sac to Newport Beach				\$18.00							\$18.00
7-10		Newport Beach	\$124.14			\$18.00	\$6.00						\$148.14
7-11		Newport Beach	\$124.14			18.00	6.00						\$148.14
7-12		Newport Beach	\$124.14				6.00						\$130.14
7-13		Newport Beach	\$124.14				6.00						\$130.14
7-14		Newport Beach	\$124.00			18.00	6.00						\$148.00
7-15	19:00	Newport Beach to Sacto	\$124.14			18.00	6.00	23.00	T	105.00			\$276.14
(10) SUBTOTALS			\$744.84			\$90.00	\$36.00	\$23.00	T	\$105.00			\$998.84

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
7/09 Attend Colorado River Fish and Wildlife Council

7/10-7/15 Western Association of Fish and Wildlife Agencies Annual Meeting - the Director is the President of this Association.

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
08:00 - 17:00	7100	70100	700,000	295	914.00							
(13) PRIVATE VEHICLE LICENSE No.												
(14) MILEAGE RATE CLAIMED												
AGENCY ACCOUNTING OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
Totals												

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage was claimed, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [Signature]	DATE 8/19/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 8-19-09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)			

Submitted 8/19/09

From: "Sacramento Travel Services" <reservation@sacramento-travel.com>
To: "ahowe@dfg.ca.gov" <ahowe@dfg.ca.gov>
CC: "dkoch@dfg.ca.gov" <dkoch@dfg.ca.gov>
Date: 6/26/2009 4:42 PM
Subject: Itinerary for Donald Koch

Sacramento Travel Service
3121 Arden Way, Sacramento, CA 95825
Phone: 916-974-6855 - Fax: 916-483-2167

SALES PERSON: 73 ITINERARY DATE: 26 JUN 09
CUSTOMER NBR: 012013 HMGAIM PAGE: 01

TO: DEPT OF FISH AND GAME ANGELA 653-7667
1416 9TH ST - 1237
SACRAMENTO CA 95814

FOR: KOCH/DONALD REF: 7100-70100

FOR SOUTHWEST CHANGES YOU CAN CALL SOUTHWEST
DIRECTLY AT 800-435-9792
SACRAMENTO TRAVEL PHONE-888-645-6437
EMERGENCY AFTER HOURS PHONE 800-639-7583

IT IS YOUR RESPONSIBILITY TO REVIEW YOUR ITINERARY
UPON RECEIPT FOR ACCURACY. CONSULT OUR WEBSITE
FOR ANSWERS TO YOUR FREQUENTLY ASKED QUESTIONS.

REFUNDABLE STATE FARE IS 301.20

09 JUL 09 - THURSDAY

AIR SOUTHWEST AIRLINES FLT:3328 ECONOMY
LV SACRAMENTO 1205P EQP: BOEING 737-700
DEPART: TERMINAL A 01HR 25MIN
AR SANTA ANA 130P NON-STOP
REF: NHQGSR

15 JUL 09 - WEDNESDAY

AIR SOUTHWEST AIRLINES FLT:585 ECONOMY
LV SANTA ANA 745P EQP: BOEING 737-700
01HR 20MIN
AR SACRAMENTO 905P NON-STOP
ARRIVE: TERMINAL A REF: NHQGSR

15 SEP 09 - TUESDAY

OTHER SACRAMENTO
ORIGINALLY BOOKED BY LAURA/THANK YOU FOR CHOOSING
SACRAMENTO TRAVEL

SALES PERSON: 73
CUSTOMER NBR: 012013

ITINERARY
HMGAIM

DATE: 26 JUN 09
PAGE: 02

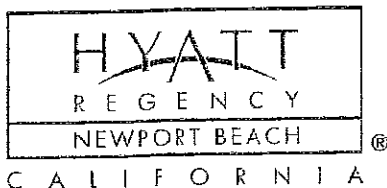
TO: DEPT OF FISH AND GAME ANGELA 653-7667
1416 9TH ST - 1237
SACRAMENTO CA 95814

FOR: KOCH/DONALD REF: 7100-70100

SACRAMENTO TRAVEL SERVICE 916-974-6855
WEB ADDRESS WWW.SACRAMENTO-TRAVEL.COM
RECONFIRM FLIGHTS 24HRS IN ADVANCE WITH THE AIRLINE.
AIR FARES ARE NEVER GUARANTEED UNTIL TICKETED.
ALL TICKETS ARE NON-TRANSFERABLE.
ALL TRAVELERS MUST HAVE A BOARDING PASS AND
PHOTO I.D. TO PASS THROUGH AIRPORT SECURITY.
VERIFY CHECK IN PROCEDURES DIRECTLY WITH AIRLINE.
SACRAMENTO TRAVEL PHONE-888-645-6437

*
PLEASE RETAIN A COPY OF YOUR ITINERARY
TO SUBMIT WITH YOUR TRAVEL EXPENSE CLAIM.
IF FLIGHT NOT TAKEN, PLEASE CONTACT STS TO
INITIATE REFUND ON REFUNDABLE TICKETS.

*
YOU MUST RECEIVE A HOTEL CANCELLATION NUMBER
FROM STS WHEN CANCELING A HOTEL.
CST NUMBER-2035510-10
CONSUMER RESTITUTION DISCLOSURE ON FILE.
VALID PASSPORT REQUIRED FOR INTERNATIONAL TRAVEL
STATE EMPLOYEES MUST PRESENT STATE I.D. AT
HOTEL CHECK IN OR RATE NOT GUARANTEED.
SOUTHWEST AIRLINES DOES NOT PRE-ASSIGN SEATS.
A CREDIT CARD MAY BE NEEDED FOR YOUR CAR RENTAL
HERE ARE SOME HELPFUL TELEPHONE NUMBERS
SOUTHWEST PHONE NUMBER 800-435-9792
UNITED PHONE NUMBER 800-521-0810
AMERICAN AIRLINES 800-433-7300
JETBLUE AIRLINES 800-538-2583
ENTERPRISE RENT-A-CAR 800-736-8222
YOUR EMERGENCY SERVICE VIT CODE IS SL985/FISH



Hyatt Regency Newport Beach
1107 Jamboree Road
Newport Beach, CA 92660
Tel: 949-729-1234
Fax: 949-644-1552
www.newportbeach.hyatt.com

INFORMATION INVOICE

Payee: Don Koch
1416 9 St
Sacramento CA 95814
United States

Room: 0235
Arrival: 07-14-09
Departure: 07-15-09
Page : 1 of 1
Folio: 760
Invoice:

Membership:

Bonus Code:

Confirmation #:

Group Name: Western Assn Fish & Wildlife

Date	Description	Charges	Credits
07-14-09	Group Room	149.00	
07-14-09	Occupancy Tax	14.90	
07-14-09	NB Tourism Assessment	2.98	
07-14-09	CA Tourism Assessment	0.16	
07-14-09	Guest Balance Forward	835.20 Split Into 577.80 And 257.40	
07-15-09	Visa		744.84

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, please call 1-800-51-HYATT, or visit www.GoldPassport.com

Total



744.84 USD 744.84 USD

Balance

0.00 USD

Please send comments to:

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

I accept delivery of the Wall Street Journal M-F (Gold Passport, Club, Suite and VIP rooms only.) If refused, a refund of \$1 will be provided.

Consumer Affairs
Email: qualityNEWPO@hyatt.com
Phone: 949.729.6001

Please direct lost and found inquiries to:
Email: qualityNEWPO@hyatt.com

Please direct billing inquiries to:
AccountingNEWPO@hyatt.com



PLEASE NOTE:

TOTAL INVOICE \$ 744.84
REFLECTS RATE REDUCTION
TO MEET STATE RATE OF
\$ 110.00 + TAX.



Hyatt Regency Newport Beach
 1107 Jamboree Road
 Newport Beach, CA 92660 USA
 949.729.1234
 FAX: 949.644.1552

Guest Account

Room	Rate	Arrive	Depart	Folio No.	Account	Affiliation	FF	ID	Page
235	149.00	07/09/09	07/14/09	80570	2 CCARD	2-WSTI	11	JNG	1

KOCH DON 02:33 MAM 1/0
 CA DEPT FISH & GAME ** DEPARTED **
 1416 9 ST
 SACRAMENTO CA 95814

RES NO: [REDACTED] -01

Date	Code	Reference	ID	Description	Charges	Credits	Balance
0709	112	Rm 235	SMP	GROUP ROOM	149.00		149.00
0709	811	Rm 235	SMP	*ROOM TAX	14.90		163.90
0709	813	Rm 235	SMP	*CA ASSESSMENT	.16		164.06
0709	814	Rm 235	SMP	*NB ASSESSMENT	2.98		167.04
0710	112	Rm 235	SMP	GROUP ROOM	149.00		316.04
0710	811	Rm 235	SMP	*ROOM TAX	14.90		330.94
0710	813	Rm 235	SMP	*CA ASSESSMENT	.16		331.10
0710	814	Rm 235	SMP	*NB ASSESSMENT	2.98		334.08
0711	112	Rm 235	SMP	GROUP ROOM	149.00		483.08
0711	811	Rm 235	SMP	*ROOM TAX	14.90		497.98
0711	813	Rm 235	SMP	*CA ASSESSMENT	.16		498.14
0711	814	Rm 235	SMP	*NB ASSESSMENT	2.98		501.12
0712	112	Rm 235	SMP	GROUP ROOM	149.00		650.12
0712	811	Rm 235	SMP	*ROOM TAX	14.90		665.02
0712	813	Rm 235	SMP	*CA ASSESSMENT	.16		665.18
0712	814	Rm 235	SMP	*NB ASSESSMENT	2.98		668.16
0713	112	Rm 235	HXS	GROUP ROOM	149.00		817.16
0713	811	Rm 235	HXS	*ROOM TAX	14.90		832.06
0713	813	Rm 235	HXS	*CA ASSESSMENT	.16		832.22
0713	814	Rm 235	HXS	*NB ASSESSMENT	2.98		835.20
0714	721		JNG	*BALANCE FORWARD		-835.20	.00
				TOTAL			.00

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.



Hyatt Regency Newport Beach
1107 Tenthredine Road
Newport Beach, CA 92660 USA

Tel: 949.729.1154
Fax: 949.444.1551

July 13, 2009

Dear Guest,

Welcome to **Hyatt Regency Newport Beach**. Whether you are here for the first time or a returning guest, we are delighted you have chosen us as your home away from home while visiting California.

On Monday, July 13, from 11:00 PM to approximately 5:00 AM, we will be changing our Front Desk computer system. We have been working behind the scenes in preparation for this change, and to minimize any disruption in service during your stay.

While the upgrade will help us to provide an improved experience at the Front Desk, we are unable to transfer hotel charges from the current system to the new. For this reason, when checking out of the hotel you will be presented with two invoices. One invoice will include charges incurred through Monday night; the second invoice will have a "balance forward" from the old system, plus any additional charges the rest of your stay.

We have done everything to make the transition as smooth as possible. We kindly ask your indulgence should you experience any delays at the Front Desk the next few days while the staff acclimates to the new system. Should you have any questions or concerns, please feel free to contact the Front Desk at extension 4100. We hope that you will continue to enjoy the rest of your stay with us. Once again, we thank you for choosing the **Hyatt Regency Newport Beach**.

Warm Regards,

A handwritten signature in cursive script that reads "Sid Ramani".

Sid Ramani
Executive Assistant Manager-Rooms

Date: 7/15/09

Amount of fare: 23⁰⁰

Other charge: _____

Total: 23⁰⁰

Taxicab # New Port → Ory Co
AIRPORT

**Sacramento Int'l
Airport**

Card Account : XXXXXXXXXX
Card Type : Visa
Authorization Code : 03362C

Cashier : 10 Seq # 40130
License Plate : XX NOPLATE
Ent : 10:13 07/09/09 Lane 39
Exit: 18:44 07/15/09 Lane 56

FEE \$	105.00
AMOUNT TEND \$	105.00
CASH \$	0.00
CREDIT CARD \$	105.00
CHECK \$	0.00
CHANGE CALC \$	0.00

PAID AT CT \$ 105.00
Taxes Included

*** Start Calculation Details ***

7 Day(s) @\$15.00 = \$105.00

*** End Calculation Details ***

*** Thank You ***

Sign : _____